Division of Health Care Finance & Administration

Health Care Innovation Initiative

Executive Summary

Gestational Age 37 Weeks or Greater (GA 37+) Neonatal Episode

Corresponds with DBR and Configuration file V1.0

Updated: March 7, 2017

OVERVIEW OF A GESTATIONAL AGE 37 WEEKS OR GREATER NEONATAL EPISODE

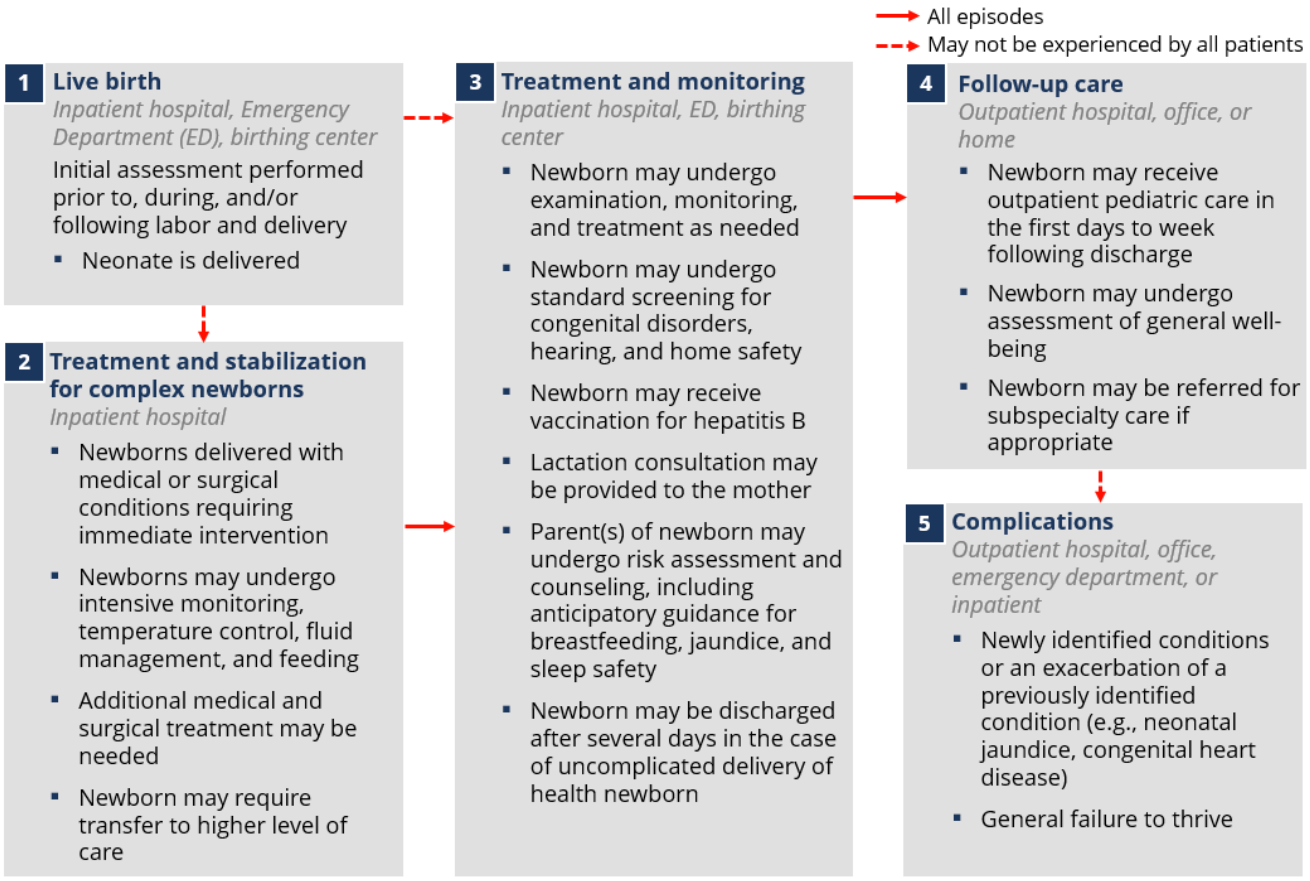
The gestational age 37 weeks or greater neonatal episode revolves around newborns delivered at term. The trigger event is an inpatient admission with the diagnosis of a live birth. The inpatient admission must be confirmed by either the presence of a diagnosis indicating a gestational age of 37 weeks or greater or by the absence of any gestational age diagnosis.

All care, apart from that related to unforeseen traumatic events, is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the facility where the newborn was delivered. The episode begins on the day of the live birth, and for spend accountability, ends seven days after discharge. Certain quality metrics extend for 30 days after discharge for reporting purposes only.

CAPTURING SOURCES OF VALUE

Providers have several opportunities to improve the quality and cost of care during the gestational age 37 weeks or greater neonatal episode. Important sources of value include delivering and triaging the newborn into the appropriate care setting according to anticipated or demonstrated intensity of needs; appropriate screening and testing, risk assessment, and counseling; maintaining appropriate length of stay; and coordinating efficient outpatient follow-up care in order to limit preventable visits to the emergency department (ED) and readmissions.

Illustrative Patient Journey



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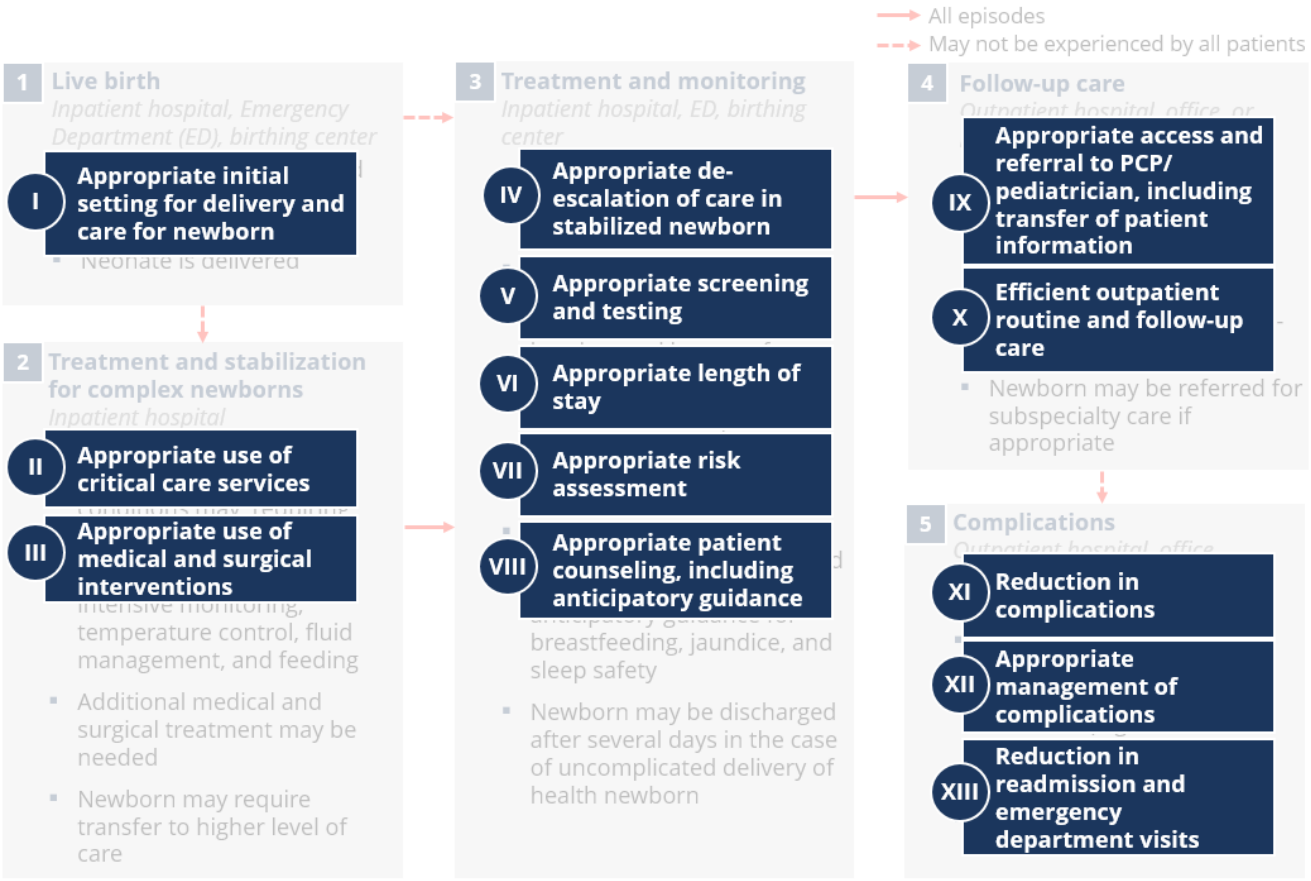
Potential Sources of Value



ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the gestational age 37 weeks or greater neonatal episode, the quarterback is the facility where the newborn was delivered. The contracting entity of the facility where the newborn was delivered will be used to identify the quarterback.

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MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to the birth and post-birth care in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The gestational age 37 weeks or greater neonatal episode has no pre-trigger window. During the trigger window, all services and relevant medications are included. The post-trigger window includes all services and relevant medications except for care related to unforeseen traumatic events.

Some exclusions apply to any type of episode, i.e., are not specific to a gestational age 37 weeks or greater neonatal episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. Examples of exclusion criteria specific to the gestational age 37 weeks or greater neonatal episode include patients with major congenital cardiac anomalies or multiple births of triplets or greater. These patients have significantly different clinical courses that the episode does not attempt to risk adjust. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of patient factors likely to lead to the risk

adjustment of the gestational age 37 weeks or greater neonatal episode include jaundice, patent ductus arteriosus, and a birth weight of 2,000 to 2,499 grams. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metrics linked to gain sharing for the gestational age 37 weeks or greater neonatal episode are:

- **Newborn hearing screen:** Percentage of valid episodes where the newborn received a hearing screen during the initial hospitalization (higher rate indicative of better performance)

- **Critical congenital heart disease screen:** Percentage of valid episodes where the newborn received a critical congenital heart disease screen during the initial hospitalization (higher rate indicative of better performance)

- **Blood spot screen:** Percentage of valid episodes where the newborn received a blood spot screen during the initial hospitalization (higher rate indicative of better performance)

- **Hepatitis B vaccination:** Percentage of valid episodes where the newborn received a hepatitis B vaccination during the initial hospitalization (higher rate indicative of better performance)

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Pediatric visit within three days of discharge**: Percentage of valid episodes with a first pediatric visit within the first three days after discharge (higher rate indicative of better performance)
- **Pediatric visit within five days of discharge:** Percentage of valid episodes with a first pediatric visit within the first five days after discharge (higher rate indicative of better performance)
- **Readmission within seven days of discharge:** Percentage of valid episodes with a relevant readmission during the seven days after initial hospitalization (lower rate indicative of better performance)
- **Readmission within 30 days of discharge:** Percentage of valid episodes with a relevant readmission during the 30 days after initial hospitalization (lower rate indicative of better performance)
- **ED visit within seven days of discharge:** Percentage of valid episodes with a relevant presentation to the ED during the seven days after initial hospitalization (lower rate indicative of better performance)
- **ED visit within 30 days of discharge:** Percentage of valid episodes with a relevant presentation to the ED during the 30 days after initial hospitalization (lower rate indicative of better performance)
- **Mortality within seven days of discharge:** Percentage of all episodes where the patient had a patient discharge status of "expired" on any inpatient or outpatient claim during the trigger window or within the seven days after initial hospitalization (lower rate indicative of better performance)
- **Mortality within 30 days of discharge:** Percentage of all episodes where the patient had a patient discharge status of "expired" on any inpatient or outpatient claim during the trigger window or within the 30 days after initial hospitalization (lower rate indicative of better performance)

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.